

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29341

Registration District No. 668

Primary Registration District No. 5891

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia (Rural)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution life time (Specify whether years, months or days)

8. (a) PRINT FULL NAME Finney R. Bryant 653

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hannah Freeland Bryant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24, 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Pettis County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William I. F. Bryant
13. Birthplace Frankfort, Kentucky
14. Maiden name Nancy Gath
15. Birthplace Sedalia, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Ward

(b) Address 120 E. Jefferson Sedalia

17. (a) Burial (b) Date thereof Aug. 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Abell Cemetery

18. (a) Signature of funeral director James Ewing

(b) Address Sedalia, Mo.

19. (a) Aug 27-40 (b) Mrs. Harry Sneed (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (Rural)
(d) Street No. 7 1/2 Miles South east Sedalia
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 16, 1940 to Aug. 26, 1940 that I last saw him alive on Aug. 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Branchio-pleurum 10 days

Due to 10 days

Other conditions Optic & diarrhoea 3 days

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

916 (Specify type of place)

While at work _____ (d) Means of injury _____

23. Signature James Ewing M. D. or other _____

Address Sedalia, Mo. Date signed 8/26/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Quane Ewing

Licensed Embalmer No. 3847

P. O. Address Seabla m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.